

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Health  
Health Professional Licensing Administration



**Board of Long Term Care  
Administration**

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE  
TO PRACTICE AS A NURSING HOME ADMINISTRATOR  
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Nursing Home Administrator in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Nursing Home Administrator in the District of Columbia who have met the general requirements of these instructions.

**WHERE TO FILE**

All new license applications and documents should be sent to the following address:

**DC Board of Long Term Care Administration  
P.O. Box 37802  
Washington, D.C. 20013**

Checks or money orders for application and license fees should be made payable to DC Treasurer. and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-(877) 672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

**GENERAL REQUIREMENTS FOR ALL APPLICANTS**

- A. Applicant must not have been convicted of an offense, which bears directly on the applicant's fitness to be licensed.
- B. Applicant must be at least 18 years of age.
- C. Applicant shall submit the following:
  1. A complete and signed application form;
  2. Two (2) recent passport type photographs of the applicant's face measuring 2" x 2";
- D. Comply with all other applicable requirements set forth in these instructions (*See Checklist for all required documents*).

- E. Application Fees  
All fees are earned when paid and cannot be transferred or refunded. Please make check or money order payable to DC Treasurer.  
Application/license fee/State Exam .....**\$356.00**
- F. Criminal Background Check – **Criminal Background Check Fees are separately payable to L-1 Identity Solutions** to schedule an appointment **or see fee schedule** (Call **1-877-783-4187** or [www.L1enrollment.com](http://www.L1enrollment.com)).

**EDUCATIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN THE UNITED STATES, TERRITORY OR COUNTRY**

- A. An applicant for a license to practice as a Nursing Home Administrator must have received a baccalaureate degree from an institution accredited by the Secretary of the U.S. Department of Education or the Council on Postsecondary Accreditation, which must include the following courses:
  - 1. Accounting 3 credit hours
  - 2. Human resources or personnel management 3 credit hours
  - 3. Management 3 credit hours
  - 4. Gerontology 3 credit hours
  - 5. Healthcare law or health care ethics 3 credit hours
  - 6. Management of long term care institutions 3 credit hours
- B. That the applicant meets one of the following requirements:
  - 1. Administrator in Training (AIT) – Applicant has worked for at least 1 year during or after completion of the baccalaureate program in a nursing home licensed in the District under the general or immediate supervision of a nursing home administrator which meets the practical experience requirements below of these instructions.
  - 2. Applicant has earned a master’s degree in a program accredited by the Accrediting Commission on Education for Health Services Administration (ACHESA) which meets one of the following requirements:
    - a. The program included an experiential component in a licensed nursing home **or**
    - b. The program was supplemented by employment in a licensed nursing home for six (6) months during or after completion of the master’s program, which employment was under the general or immediate supervision of a nursing home administrator, and which meets the practical experience requirements in the practical experience requirements below of these instructions.
    - c. Applicants must arrange for a certified transcript of their educational program to be sent directly from the educational institution to the address on Page 1.

**PRACTICAL EXPERIENCE REQUIREMENTS**

- A. The practical experience required for applicants in the Educational Requirements section above of these instructions shall:
  - 1. Include practice under general supervision averaging at least 35 hours per week, 2 hours per week of which shall be under immediate supervision; and
  - 2. Encompass all aspects of the practice of nursing home administration, including:
    - a. Preparing and reviewing a budget encompassing all operations and contracting by the nursing home;
    - b. Preparing a cost analysis of specific operational categories within the nursing home;
    - c. Reviewing all Federal and District laws relating to nursing homes, including reporting and filing requirements, resident care, resident’s rights, and pharmacy services;

- d. Participating in the daily operations of each operational unit within the nursing home, including the making of administrative rounds;
- e. Reviewing procedures for handling medical emergencies and emergencies involving fires and interruptions of water, gas, and electricity services;
- f. Bookkeeping and financial management;
- g. Procurement, including purchasing and contracting procedures and decisions;
- h. Personnel management, including the recruitment of employees and volunteers, review and revision of position descriptions, and development and application of performance standards;
- i. Public relations;
- j. Employee and Volunteer training programs;
- k. Resident care, including participation in the care of residents involved in daily activities;
- l. Therapeutic services, including physical, occupational, and speech therapy;
- m. Outpatient services available in the community;
- n. Reviewing transfer agreements;
- o. Generating and maintaining medical records;
- p. Engineering and maintenance functions;
- q. Housekeeping, including cleaning schedules, trash removal arrangements, and laundering;
- r. Nursing, medical, dental, podiatric, pharmacy, and laboratory services and procedures;
- s. Food and Nutrition services
- t. Counseling and social work services;
- u. Recreation programs;
- v. Interaction with resident's council;
- w. Safety and accident prevention procedures and devices;
- x. Participation in the admission, transfers, and discharges of residents;
- y. The role and functions of the governing body;
- z. Evaluating the quality of resident care services;
- aa. Reviewing the adequacy of communication between staff and residents;
- bb. Acquiring knowledge of the resident's rights program.

#### **APPLICANTS EDUCATED IN FOREIGN COUNTRIES**

- A. The Board may grant a license to practice nursing home administration to an applicant who completed an educational program in a foreign country if the applicant:
  - 1. Meets all requirements for licensure except for educational requirements for applicants educated in the U.S. **and**
  - 2. Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements by submitting one of the following:
    - a. Proof satisfactory to the Board that the applicant has received the required degree from a foreign institution that was accredited, at the time the degree was conferred, by an accrediting body recognized by the national government of the country in which the institution is located **or**

- b. A certification form a private education evaluation service approved by the Board that the applicant's foreign education is substantially equivalent to the education required by Chapter 62, Title 17, DCMR.
3. If any document is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

### **EXAMINATION REQUIREMENTS — NATIONAL EXAMINATION**

- A. To qualify for a license, an applicant must receive or have received a passing score of 75% on the licensing examination sponsored by the National Association of Boards of Examiners for Nursing Home Administrators (NAB). An applicant shall not be eligible to take the NAB or District examination until **all** other requirements for licensure are met.
- B. An applicant who fails the NAB on three (3) consecutive attempts shall not be permitted to take another NAB for one (1) year following the third failure. Thereafter, the applicant shall not be permitted to take the NAB for one year after each failure.
- C. It is the applicant's responsibility to arrange to have his/her NAB examination results sent directly from the testing service to the Board.

**NO EXCEPTIONS** can be made.

### **DISTRICT EXAMINATION**

- D. To qualify for a license, all applicants must receive a passing score on a written examination on laws and rules pertaining to the practice of nursing home administration (the District examination) and shall sit for an interview with the Board. The District Examination may include questions on the following subjects:
  1. Grounds for disciplinary action set forth in D.C. Code Section 2-3305.14 (1987 Supp.);
  2. Requirements concerning supervision of the practice of nursing home administration set forth in Chapter 62, Title 17, DCMR; and
  3. Rules governing skilled care facilities and intermediate care facilities in the District of Columbia set forth in Chapters 30 through 33, inclusive, of title 22, DCMR.
- E. An applicant who fails the District Exam on three (3) consecutive attempts shall not be permitted to take another District Exam for one (1) year following the third failure. Thereafter, the applicant shall not be permitted to take the District Exam for one year after each failure.
- F. The interview may include oral questions from Board members regarding the applicant's past and present experience relating to the practice of nursing home administration.
- G. The District examination is offered on the third Thursday in January, April, July, and October each year. Applications must be received at least 90 days prior to the date of examination.

### **APPLICATION SUBMISSION REQUIREMENTS**

- A. Applications shall be considered incomplete and returned to the applicant without action if the following items do not accompany the application:
  1. A complete and signed application form
  2. Two (2) recent passport-type photographs of the applicants face measuring 2" x 2".
  3. A check or money order for the total fee of \$356.00 made payable to DC Treasurer.
  4. Character Reference Forms.

5. Verification of training forms, completed by the applicant's immediate supervisor (*if applying by endorsement*).
6. Course Requirement Form.

B. In addition to the above mentioned items, applicants shall also submit the following information to complete their application:

1. Applicants shall request a copy of their transcript(s) to be mailed directly from the educational institution to the Board.
2. Applicants shall request a copy of their examination results sent directly from the testing service or state where the applicant sat for the NAB examination to the Board. (Once approved by the Board).
3. If the applicant holds or has ever held a license to practice nursing home administration in another jurisdiction of the United States, the applicant shall arrange for each jurisdiction to send a certification of licensure to the Board. **A copy of applicant's license is not sufficient.**
4. Foreign applicants must submit proof that their educational institution was accredited by an accrediting body recognized by the national government of the country in which the institution is located or certification from a private education evaluation service.

## COMPLETING THE LICENSE APPLICATION

### Section 1. TYPE OF LICENSE

a. Check the box next to the license description of which you are applying.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer, and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

#### FEE MATRIX

License or Registration Type	Application Method	Application Fee	District Examination Fee	License Fee	Total Due*
NHA	Examination	\$85	\$34	\$237	\$356
NHA	Re-examination (DISTRICT EXAM)	\$85	\$34	N/A	\$119
NHA	Re-examination (NATIONAL EXAM)	\$85	N/A	N/A	\$85

\*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

**Section 2.                    APPLICANT NAME / DEMOGRAPHIC INFORMATION**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that is                    has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

**Sections 3A & B.            HOME ADDRESS / BUSINESS ADDRESS**

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

**Section 3C.                    PREFERRED MAILING ADDRESS**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

**Section 4.                    PREVIOUS NAME CHANGE**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

**Section 5A.                    PROFESSIONAL SCHOOLS ATTENDED**

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

*All applicants:* Certified must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if you transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

**Section 5B.                    MEDICAL/PROFESSIONAL TRAINING AND PRACTICE**

List all experience since medical/professional school graduation. Include letters form employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or se lf-employed for any period of two months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

**Section 5C.                    MEDICAL/PROFESSIONAL LICENSES IN OTHER STATES / JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present.

**Section 6. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Nursing Home Administrators. Keep a photocopy of all supporting documents for your records.

**Section 7. SCREENING QUESTIONS**

If you answer “yes” to questions A through J, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

**Section 8. LICENSEE AFFIDAVIT**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

**ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA’s website at <http://www.hpla.doh.dc.gov> or call HPLA’s Customer Service number at 1-877-672-2174. The forms that make up this package are:

- Nursing Home Administrator, Application Checklist
- Nursing Home Administrator, New License Instructions
- Nursing Home Administrator, New License Application
- Chapter 62 Nursing Home Administration, Municipal Regulations
- Character Reference Forms (3)
- Verification of Training Form (*if applying by endorsement*)
- Completion of Course Requirement Form

## SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing Nursing Home Administrator licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing Nursing Home Administrator are included in *DC Municipal Regulations Title 17, Chapters 62*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Board of Nursing Home Administration if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application	Course Requirement Form	Two 2" x 2" Photos	National Exam Results (NAB)	Official Certified Transcript	District Examination	Verification of Training Form	License Verification	Character Reference Form	Check or Money Order
NHA	Nursing Home Administrator <i>(By Examination)</i>	X	X	X	X	X	X	O	O	X	\$356
NHA	*Re-examination <i>(District Exam)</i>	X	O	O	O	O	X	O	O	O	\$119
NHA	Re-examination <i>(National Exam)</i>	X	O	O	X	O	O	O	O	O	\$85
NHA	Nursing Home Administrator <i>(By Endorsement)</i>	X	X	X	X	X	X	X	X	X	\$356

**X = Required**  
**O = Not required**

\*Applicants applying for re-examination only need to submit the application fee and exam fee.

An applicant must have received a passing score on an examination administered by the National Association of Boards of Examiners for Nursing Home Administrators (NAB) and request results to be sent directly from the testing service to the Board.

An official certified transcript of the Applicant's record verifying graduation submitted in a sealed envelope from the educational institution sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

Three (3) Character References from a licensed Health Professional in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities and qualifications in the profession of Nursing Home Administration.

Check or money order MUST be made payable to DC Treasurer.